,,	PATENT API		N FEE DE ve Octob			ON RECOF	RD	10	9017	93	4-1		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19				R	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		. 0		×	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			√ minus 3 =		•			40=		ОЯ	X80=	80	l
	TIPLE DEPENDE		RESENT									00	
titite difference in column 4 in land than bard anter 10° in column 2								35=		OR	+270=	700	
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR	TOTAL	790	1.
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST ABER OUSLY FOR	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	0
MO	Total:	d5-	Minus	•• (	J O	5	- x	\$ 9=		OŖ	X\$18= .	-Q()	
KE	Independent •	2	Minus	•••	4	-	×	40=		OR	X80=	<u> </u>	
L	FIRST PRESENTATION OF MOUTIFLE DEPENDENT CEASIN							135=		OR	+270=	-SI	
BEST AVAILABLE COPY							400	TOTAL		OR	YOTAL ADDIT, FEE	Α	1
- 1	6-7-04	(Column 1)		(Coli	umn 2)	(Column 3)	-					VA.	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA	\[ \int_{\text{F}}	ME	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PER	
DME	Total •	25	Minus	2	5	= /	X	\$ 9=		OR	X\$18=	т	
	Independent	2	Minus	•••	4	= /	]   ,	(40=		OR	X80=	Q	1
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40E -		1	+270=	1	1
							Ľ	135= TOTAL		OR	TOTAL	-<	-
								NT. FEE		OR	ADDIT. FEE		1
_		(Column 1)			umn 2)	(Column 3)	1 —		Lioni	1		ADDI	4
AMENDMENT C		REMAINING AFTER AMENDMENT		PRE	MBER VIOUSLY D FOR	PRESENT EXTRA	F	ME	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
Ž	Total		Minus	••			.>	(\$ 9= <u> </u>		OR	X\$18=		_]
	Independent		Minus	<b></b>		=	15	(40=		OR	X80=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ ا ر	135=		OR	+270=		1
	If the entry in colum	n 1 is less than	the entry in o	ilumn 2, w	rita "O" in c	otuma 3.	<u> </u>	TOTAL	-	4	TOTAL		1
1	If the "Highest Num "If the "Highest Num The "Highest Numb	ber Previously	Paid For IN TI	HIS SPAC	E is less t E is less t	ian 20, enter "21 ian 3. enter "3."		ST. FEE		S rit xo	ADDIT. FEE		1

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Application or Docket Number